

<b>Case Number:</b>	CM15-0064458		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female patient who sustained an industrial injury on 08/04/2014. A primary treating office visit dated 03/19/2015 reported the patient with subjective complaint of low back pain, and right foot pain with inability to bear weight. Objective findings showed the patient right Achilles tender with dorsiflexion at 10 degrees and plantar flexion at 26 degrees. She is diagnosed with right foot and ankle pain/dysfunctions; clinical Achilles tendon rupture; lumbar spine strain/sprain compensatory secondary to gait alteration. The plan of care involved: recommending physical therapy course, continue with Norco and follow up visit. The patient is to remain off from work for 30-45 days. Even back on 10/16/2014 the patient continued with right ankle pain. He is using a walking boot and rates the pain a 9 out of 10 in intensity. Objective findings showed an antalgic gait, painful range of motion and a positive Holten's testing. She is diagnosed with right Achilles rupture, and right ankle incise and drainage. She has undergone a magnetic resonance imaging study of the right ankle on 12/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy 2 times a week for 6 weeks for the foot and ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.